

file



"Communications Solutions That Work"
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August 13, 1998

Public Utility Commission of Ohio,
Attention: Jeffery Brown,
Docketing, 10th Floor,
180 East Broad Street,
Columbus, OH 43215-3793

RECEIVED - DOCKETING DIV.
98 AUG 18 AM 11:05
PUCO

RE: CASE NO.: 98-1089-CT-RRJ

Dear Mr. Brown,

As per your request, I have enclosed an original and ten (10) copies of the new revised LOA and Business Authority statement from the Secretary of States office.

Please acknowledge receipt of this filing by returning, file-stamped, the extra copy of this letter in the self-addressed stamped envelope provided for that purpose.

Questions regarding this filing may be directed to Mike Petrillo at 1-800-425-5266. Thank you.

Sincerely,

Mike Petrillo,
President,
1-800-425-5266,
mpetrillo@allcom.com

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.
Technician *John Schuyler* Date Processed *8-19-98*



AllCom USA
Service Enrollment
Application

Administration Mailing Address:
9007 Arrow Route, Suite 220,
Rancho Cucamonga, CA 91730-4400
Web Address: www.allcom.com

Phone: +1-909-989-2855
Fax: +1-909-989-3224
Email: info@allcom.com

Representative Name: _____ ID#: _____
Representative Phone: _____

SUBSCRIBER & CREDIT INFORMATION

Date: _____ Best contact phone number for 3rd Party Verification Process: _____ Best day to call: _____ Best time to call: A.M. P.M.

Customer Name: _____ Contact Person: (if different from Customers name) _____

Tax ID Number: _____ E-mail Address: _____ Web Site Address: _____

Address: _____ Account Number: _____ Phone: _____

Mailing Address: _____

Reference: _____

OFFICE USE ONLY
(Account Number)

Order Received _____ Date: _____ Order Reviewed _____

3rd Party Verification _____ Date: _____

Processed By: _____ Code: _____ Process Codes: _____

Order Entry _____ Date: _____ Data Entry _____

Welcome Letter: _____ Date: _____ Order Filed: _____

TELEPHONE LINE INFORMATION

Standard Business Telephone Line
 Residential Telephone Line
 Centrex Business Telephone Line
Area called the most: _____ Estimated Usage: \$ _____

Local Phone Co.: _____ Current L.D. Co.: _____

Calling Cards Yes No
How many Calling Cards _____

Account Codes Standard Verified
of Codes _____ # of Digits _____

MONTHLY FEE: 1+ INSTATE 1+ OUT-OF-STATE INTL. RATE PRICE CLASS OUT-OF-STATE C.C. PC #: _____

MONTHLY FEE: 800 877 888 Toll Free Number Service Assign
(Signature on Resp-Org Form is required)

800/877/888 Number _____

Ring to Number _____

800/877/888 Number _____

Ring to Number _____

MONTHLY FEE: 800 INSTATE 800 OUT-OF-STATE

TOLL FREE SERVICE

800/877/888 Number _____

Ring to Number _____

800/877/888 Number _____

Ring to Number _____

MONTHLY FEE: 800 INSTATE 800 OUT-OF-STATE

AGREEMENT & LETTER OF AGENCY (LOA)

I, the undersigned, do hereby assign AllCom to act as my Agent in such a capacity to change my/our telephone services. Services including, but not limited to: local dial tone, local toll, if applicable, including assigning or changing the Preferred Interexchange Carrier (PIC), and Toll Free Responsible Organization (Resp-Org). This authorization does not preclude my ability to act on my behalf when I deem necessary. I understand that I may have only one primary long distance carrier for each telephone number. A switching charge may be incurred each time the underlying interexchange company is changed.

I, the undersigned, choose **AllCom USA** as the new Long Distance Carrier for the Billing Telephone Number (BTN) listed above and all associated telephone lines. This authorization also applies to IntraLATA services, where applicable. I understand that my services will not be changed to AllCom USA until I reauthorize this PIC change request through a 3rd Party Verification service. I, the undersigned, have complete authorization to sign this Agreement and LOA. I authorize the release of credit and financial information if credit is to be issued and I agree unconditionally and cooperatively to personally guarantee full and prompt payment of services rendered and to pay all costs, if any, to collect any default of this Agreement.

Dated: _____ Signature: X Print Name: _____

Comments: _____

A COPY OF YOUR LONG DISTANCE SUMMARY PAGE IS REQUIRED TO ACTIVATE SERVICE.

DATE	DOCUMENT NO	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
1. 8/4/98	199817700838	NFO FICTITIOUS NAME/ORIGINAL FILING	10.00	0.00	0.00	0.00	0.00
TOTAL			10.00	0.00	0.00	0.00	0.00

Return To:
 ALLCOM
 9007 ARROW RTE STE 220
 RANCHO CUCAMONGA, CA 91730-4400

cut along the dotted line



The State of Ohio
 Certificate

Secretary of State - Bob Taft

1018736

It is hereby certified that the Secretary of State of Ohio has custody of the business records for ALLCOM, USA and that said business records show the filing and recording of:

Document(s)
 FICTITIOUS NAME/ORIGINAL FILING

Expiration Date: 6/15/03

Document No(s)
 199817700838

Applicant:
 ALLCOM, USA
 9007 ARROW RTE STE 220
 RANCHO CUCAMONGA, CA 97304-0000

United States of America
 State of Ohio
 Office of the Secretary of State



Witness my hand and the seal of the Secretary
 of State at Columbus, Ohio, this 15th day of
 June, A.D. 1998

Bob Taft

Bob Taft
 Secretary of State